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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET				Application Number 09/436,184		Filing Date 11-8-99	
(For use with Form PTO/SB/06)				Applicant(s) WANDS et al.		1.14.05	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		1.14.05
	Indep	Depend	Indep	Depend	Indep	Depend	
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